

Rev. 7/20/99

*Virginia Department of Health
Center for Quality Health Care Services and Consumer Protection*

Long Term Care Facility - Survey Response Form

This evaluation is provided as a method to share your views and information about the onsite survey process.
Please use the scale below to rate our surveyors in each of the identified areas. If you select a 2 or 3 rating, please provide explanatory comments. The back of this page may be used for additional notes.

Facility _____ Survey Dates _____

Type of Survey (Check all that apply): ☐ Standard ☐ Complaint ☐ Revisit ☐ Other

Surveyors _____

Survey team assigned to: ☐ Division of LTC ☐ Combination Team ☐ Complaint Unit

	Excellent 5	Good 4	Fair 3	Poor 2	Not applicable 1
1. Survey staff introduced themselves to facility staff.	5	4	3	2	1
2. Explanation of the survey process was given when the survey began.	5	4	3	2	1
3. Facility staff were informed during the course of the survey of information needed to complete the survey.	5	4	3	2	1
4. Sufficient explanation and assistance was given to complete the necessary forms.	5	4	3	2	1
5. Deficiencies were stated in a clear and concise manner.	5	4	3	2	1
6. Opportunity was given to discuss and question the survey findings.	5	4	3	2	1
7. If differences arose during the survey, they were resolved, or attempts were made to resolve, prior to the surveyors' departure.	5	4	3	2	1
8. Opportunity was given to provide additional information relevant to deficiencies cited.	5	4	3	2	1
9. Questions about the regulations, licensure, or certification were addressed.	5	4	3	2	1
10. The survey was conducted in a courteous and professional manner	5	4	3	2	1
a. with regard to facility staff	5	4	3	2	1
b. with regard to residents	5	4	3	2	1

Thank you for taking the time to complete this evaluation.

Please return to: Nancy Hofheimer, Director, Center for Quality Health Care Services
and Consumer Protection, 3600 Centre - Suite 216, 3600 West Broad Street, Richmond, Virginia 23230
